

Registration Form for The Wilds Family Camp August 14-19, 2017

Rev./Dr./Mr./Mrs. _____ **DOB*** / /
*Collected for medical/legal purposes
 Spouse's first name (if attending) _____ **DOB** / /

Names of children attending Family Camp	Grade	Date	Gender	Grade	Date	Gender
	Sept 2017	of birth		Sept 2017	of birth	
_____	/	/	<input type="checkbox"/> M <input type="checkbox"/> F	/	/	<input type="checkbox"/> M <input type="checkbox"/> F
_____	/	/	<input type="checkbox"/> M <input type="checkbox"/> F	/	/	<input type="checkbox"/> M <input type="checkbox"/> F
_____	/	/	<input type="checkbox"/> M <input type="checkbox"/> F	/	/	<input type="checkbox"/> M <input type="checkbox"/> F
_____	/	/	<input type="checkbox"/> M <input type="checkbox"/> F	/	/	<input type="checkbox"/> M <input type="checkbox"/> F
_____	/	/	<input type="checkbox"/> M <input type="checkbox"/> F	/	/	<input type="checkbox"/> M <input type="checkbox"/> F
_____	/	/	<input type="checkbox"/> M <input type="checkbox"/> F	/	/	<input type="checkbox"/> M <input type="checkbox"/> F

Address _____
 City _____ State _____ Zip _____
 Phone () _____ E-mail _____
 Business Cell Home
 Church Name _____
 City _____ State _____

Accommodations: Give 1st, 2nd, and 3rd choices.

_____ **Inn** _____ **Lodge** _____ **Duplex**
(families of four or fewer; linens provided) (families of five or six; linens provided) (families of ten or fewer; please bring linens)
 If possible, we would like to be housed near _____

A \$100 deposit must accompany this form. Deposits are refundable or transferable only if we are notified of the cancellation 60 days before the program begins. To register online, go to www.wilds.org/register. Alternatively, you can fax or mail the form with your check or credit card information.
 Charge \$100 Deposit Charge Total Amount



Card Number _____
 Exp. Date _____ C/V# _____ Billing Zip Code _____
 Print name as it appears on card _____
 Signature of cardholder _____

Contact Info:
 The Wilds • PO Box 509 • Taylors, SC 29687-0009
 Phone: (864) 331-3286 • Fax: (864) 331-3285
 E-mail: tw.summer.camps@wilds.org
Use this address AFTER May 24, 2017:
 The Wilds • 1000 Wilds Ridge Road
 Brevard, NC 28712-7273

Office Use Only
 Pd \$ _____
 Due \$ _____